



02-09-04.

16158
PTO/SB/21 (08-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/014,750
		Filing Date	October 25, 2001
		First Named Inventor	Jenny LOUIE-HELM
		Art Unit	1615
		Examiner Name	Blessing M. FUBARA
		Attorney Docket Number	3100-0003

ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Fee(s) due <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Check for \$1126.00 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Resubmitted Information Disclosure Statement & Forms PTO-1449 <input checked="" type="checkbox"/> Copies of cited references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Declaration of Inventor Jenny Louie-Helm under 37 C.F.R. § 1.132; and a copy of the returned stamped postcard for the Information Disclosure Statement, Form PTO-1449 and references submitted on April 4, 2003.</u>
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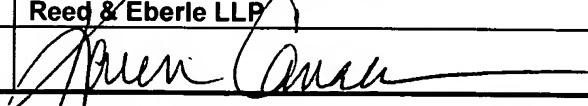
Remarks:

The Commissioner is hereby authorized to charge any additional or underpayment of fee(s) to Deposit Account No. 18-0580.



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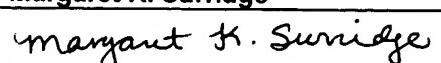
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Karen Canaan, Reg. No. 42,382 Reed & Eberle LLP	Telephone	(650) 330-0900
Signature		Date	February 5, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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FEES TRANSMITTAL for FY 2004

Effective 10/01/03. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** **\$1126.00****Complete if Known**

Application Number	10/014,750
Filing Date	October 25, 2001
First Named Inventor	Jenny LOUIE-HELM
Examiner Name	Blessing M. FUBARA
Group Art Unit	1615
Attorney Docket No.	3100-0003

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Reed & Eberle LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Charge any underpayment or credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	770	2001	385
1002	340	2002	170
• 1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
		Utility filing fee	
		Design filing fee	
		Plant filing fee	
		Reissue filing fee	
		Provisional filing fee	
SUBTOTAL (1)			\$0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	49	- 20** =	5	x	18	=	\$90.00
Independent Claims	4	- 3** =	1	x	86	=	\$86.00
Multiple Dependent					0	=	0

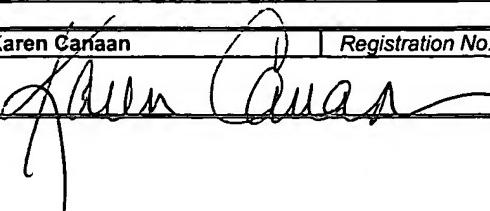
Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	(\\$)	
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
		Claim in excess of 20	
		Independent claims in excess of 3	
		Multiple dependent claim, if not paid	
		** Reissue independent claims over original patent	
		** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		\$176.00	

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	
		\$950.00	

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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Karen Canaan	Registration No. (Attorney/Agent)	42,382	Telephone (650) 330-0900
Signature		Date	February 5, 2004	